



**Tyngsborough Board of Health**  
**25 Bryants Lane**  
**Tyngsborough, MA 01879**  
**978 649-2300 x118**

Date Submitted	
Fee	
Deep Hole Date	
Perc. Test Date	
Additional Testing Required	

**Request for Site Evaluation for Subsurface Sewage Disposal**

(Requesting an inspection of the following property to determine soil suitability for sewage disposal)

**Applicant**

Full Name		Telephone #	
Street Name and Number	Town	State	
		Zip Code	

**Owner**

Full Name		Telephone #	
Street Name and Number	Town	State	
		Zip Code	

**Inspection Location** (separate application is required for each lot)

Street Name and Number	Assessor's Map # Parcel #	Lot #
Landmark to find site		
If residential give number of bedrooms		
If non-residential describe use and Title 5 design flow:		

**Registered Professional Engineer or Sanitarian** (test date scheduled by this office with engineer or sanitarian)

Full Name		Telephone #	
Street Name and Number	Town	State	
		Zip Code	

I understand that it is my responsibility to:

1. Secure Registered Sanitarian or Registered Professional Engineer trained to conduct this testing.
2. Secure the right to enter onto the property and perform testing as required by the inspector.
3. Secure sufficient equipment including backhoe and/or excavators and water to do all required testing without undo delay.
4. Have a minimum of one deep test hole and one percolation test hole prepared in each leaching area (including the reserve area) by the time specified by the Board of Health.
5. Secure any prior approval required by any other state or local agency (i.e Conservation Commission, Dig Safe, etc.)

Signature of Applicant\_\_\_\_\_

Date\_\_\_\_\_